

INTERSTATE TRANSFER FORM

Date: _____

Referring Agency: _____

Telephone Number: _____

Address: _____

Receiving Agency: _____

Telephone Number: _____

Address: _____

Name of Client: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

State of Residence: _____

County: _____

Driver's License Number: _____

State Issued: _____

Date of Conviction: _____

BAC: _____

Prior DUI Convictions: ☐ Yes ☐ No If Yes, when: _____

Services Needed / Rendered: _____

Special Conditions: _____

Completion Status (**Attach appropriate documentation ***)

* Alcohol/Drug Education Completion Date: _____

Other: _____

* Treatment Completion Date: _____

Other: _____

For additional Information contact: _____

Telephone Number: _____

Signature: _____